

# Hard times can happen to anyone – even a dentist

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FEATURE

The **BDA Benevolent Fund** has been helping needy dentists and their families for 130 years, while the **Dentist Health Support Trust**, founded in 1986, offers support specifically on addiction and other mental health issues. The Ben Fund offers a lifeline to those struggling with poverty arising from illness, accidents, bereavement, addiction, mental health issues, and many other difficulties. It may be that someone needs financial help to deal with a short-term problem before they get themselves back on track, and the Fund can do this with a one-off grant or perhaps an interest-free loan, to be repaid when their life is on an even keel again. Other people may face long-term uncertainty and need regular support.

For many outside the profession, there is perhaps a perception that dentists and their families live a privileged existence. But we all know nothing could be further from the truth. Dentists are not immune to life's ups and downs, just like anyone else, and nobody knows what awaits them around the corner.

Ailsa was an associate in general practice in a small town when her second child contracted a life-threatening illness, which after several months left her permanently disabled and needing 24-hour care. Eventually the child was able to return home once the family had made adaptations to their home to cope with their daughter's extra needs, and Ailsa (who had taken off months of unpaid leave) went back to work part-time.

The family coped for the next few years with the help of carers for a couple of nights a week. But after several years the stresses on the family began to tell. Ailsa gave up work to spend more time looking after her daughter. Their elder child became a teenager, and not surprisingly found it difficult to accept the effects on daily life which his sister's condition imposed. Then Ailsa's husband became chronically ill and eventually had to stop work. Any savings

had long gone, and of course Ailsa was not entitled to any health pay or sickness insurance, as she was not ill, and she was too young to claim her NHS pension. They managed on various state benefits and her husband's small sickness insurance policy until a social worker told them about the Benevolent Fund. The Fund has helped them with a regular monthly grant to supplement their income, a one-off grant to repair their car which is specially adapted to take the child's wheelchair (and without which they cannot go out as a family), and in 2008 a grant for the family to have a week's holiday – their first for over 10 years. The family's life is still difficult and more problems lie ahead, but as Ailsa says: 'Knowing the Fund is there makes all the difference to us. You have helped us to feel like a family again, rather than just a set of problems.'

## Short- or long-term help

People seek the Fund's support for many reasons, but often mental health is an underlying cause of difficulties if not actually the presenting problem.

Anthony first suffered from mental illness in his teenage years, but qualified as a dentist and over the next few years established his own practice and had a comfortable home. But his behaviour could be erratic so staff rarely stayed long, and

patients often left the practice after two or three visits. Eventually there were formal complaints and the PCT was forced to take action. Anthony could not accept that his practice was less than perfect and believed that the dental authorities were conducting a vendetta against him. Sadly he was eventually forcibly sectioned under the Mental Health Act and spent over a year in the local psychiatric hospital. During this time he lost his home and his practice, and the GDC suspended him. He accepts psychiatric treatment spasmodically, partly because he refutes that he is ill and partly because the side-effects can be unpleasant. Although it is now several years since Anthony worked he has never given up hope that he will return to dentistry. He finds it hard to manage on his benefits and his very low NHS pension, and the Fund has given him small monthly grants for several years. His life is very solitary as it is not easy to befriend him but the Fund has become a friend to him, with both the General Manager and the Local Visitor keeping in regular contact.

## Support for families

The Fund receives applications from some dentists with addiction problems, either in crisis or trying to rebuild their lives following treatment, and often works in conjunction with the Dentists' Health Support

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Programme (DHSP) to help with the cost of treatment. Additionally, support is also offered to the families of addicts who often struggle to keep their family life going.

Jennifer's husband had always been a heavy drinker, but he was a good dentist and popular with patients and colleagues alike. But he took too many unplanned days off and eventually his principal decided he was too unreliable and dismissed him, at which point his drinking really spiralled out of control. Jennifer tried to support him and encouraged him to seek medical help and support from the DHSP, but she was worried about the effect this was having on their two young children. After several months they were seriously in debt, and Jennifer's husband refused all attempts to help him. She realised that she and the children could not stay in the family home any longer, and after staying with friends for a couple of weeks they were offered short-term housing by the local authority. She then applied for benefits, and the Fund gave her a one-off grant to help her move into their new accommodation (her husband would only allow her to take their clothes and some of the children's toys) and then a modest monthly grant to supplement their benefit income. Meanwhile her husband decided to ask for help, and when the DHSP found a treatment centre for him the Ben Fund agreed to give him an interest-free loan to pay for the treatment, hoping that one day he would recover and return to dentistry.

Over half the Fund's regular beneficiaries depend on means-tested benefits, and are among the poorest people in the UK today. For these people the cost of heating their homes is a real worry, and when possible the Fund has helped them with an extra grant towards their winter fuel bills. Given the particularly cold weather of the last two years and the increases in gas and heating oil prices, these grants have been a real lifeline to many. Another way the Fund helps families with children is by giving them grants towards clothes and shoes at the beginning of the new school year.

Asking for help from a charity is an enormous step, and we understand that people find this very difficult. We try to make it as human a process as possible and treat everyone with respect and dignity.

Sally Atkinson, our General Manager, visits every new applicant to the Fund so they can explain their problems in confidence to a real person. Our Local Visitors, all dentists and all volunteers, keep in contact with our long-term beneficiaries and visit them regularly, providing an opportunity to share concerns with someone who understands the situation without being personally involved. This personal contact is greatly valued by applicants – Julie wrote to the Fund after she first applied: 'Thank you for taking the time to come to see me, it was lovely to meet you. The opportunity to have a detailed discussion with a patient listener helped enormously. I gained insight which will help me to figure out a strategy to put things right.'

### Growing concerns

The Fund is now concerned at the number of dentists suffering severe financial problems arising from the stresses of target driven contracts. The Fund's Chairman Dr Ann Rockey believes most dentists are unaware of what can happen:

'It shocks people to learn that 80% of the people we help nowadays are of working age. We have seen a marked increase in general dental practitioners who get into serious financial difficulty as a result of failing to fulfil their contractual obligations under the GDS contract, and of stress-related illness. Dentists can no longer work their way out of a difficulty due to the cash limited budgets in general dental practice. Performers who fail to complete their UDA quotas are then subject to claw back in the following year which increases the pressure on them, the shortfall may well be worse and the "clawback" increased the following year, and eventually dentists find themselves forced to work for months on end with no income. The most serious cases can end in the dentist's bankruptcy. PCTs are not always understanding of the issues caused by illness, whether severe ill health or accidents, or serious illness within the family which requires the dentist to spend more time at home. Unfortunately principals in practice do not always pay their associates sick pay when they have claimed it.

'The significant increase in dentists referred to the GDC in recent years has also resulted in more applications to the Fund. Dentists suspended for several years

make repeated trips to the GDC and are encouraged to undertake continuing professional development to enable them to return to practice, although there may be little realistic hope of them having their suspension lifted. If the suspension itself is lifted, Conditions on Practising can make it almost impossible for these dentists to find a post.

'But dentists don't have to be suspended by the GDC to find themselves in financial problems. Any complaint which could be serious will result in the Interim Orders Committee (IOC) imposing immediate Conditions while they investigate. Such Conditions may be impossible to manage in the current financial climate of NHS dentistry, and the dentist may then find themselves without a job and unemployed, despite an excellent record up until then. After nine or 12 months the IOC may then decide there is no case to answer and lift the Conditions. But by then the dentist is broke and facing repossession of their home, and the local community and colleagues have thought "no smoke without fire".

'Any dentist who has been reported to the GDC will now find it very difficult to obtain indemnity insurance and the protection societies impose huge loadings on their premiums. But getting back on the Register is only the first step. PCTs are increasingly reluctant to issue Performer Numbers to dentists who have been referred to the GDC. So dentists find themselves in the vicious circle of being unable to get a job because they have no Performer Number, and unable to obtain a Performer Number because they have no job. The Ben Fund supports dentists and their families through situations like these, sometimes for many years.'

No one wants to believe that the worst will happen, but if it does, the Benevolent Fund wants to be there to help. In the first nine months of 2011 the Fund received an average of one new application every week, as well as continuing to support our regular beneficiaries. In 2010 we helped 102 dentists and their families, giving them a total of £212,357. To do this the Fund relies upon donations from the profession itself and without this support it cannot continue. Last year Charlotte wrote to us: 'No-one can appreciate how important the Fund's work is until they need its help.'

## DENTISTS' HEALTH SUPPORT PROGRAMME (DHSP)

Founded in 1986 and supported by the Dentist Health Support Trust, the purpose of the DHSP is to provide completely confidential, professional treatment and advice on alcohol, drugs, eating disorders and other mental health issues. The Programme is run by dentists for dentists and also gives advice and support to dental care professionals when requested.

The Programme works by using advice and counselling from a mental health professional and treatment programmes are designed for each individual, to suit his or her mental health or addictive state. The more severely affected may require out-patient treatment, while in-patient treatment for the seriously ill is arranged at an appropriate clinic. Support and advice is also provided for friends, families and colleagues, who are often the first to realise that someone is ill and needs help. In addition, assistance in returning to work and providing support in the early years of recovery is also given.

### Is the service confidential?

The service is completely confidential and every effort is made to protect the confidentiality of the person contacting the helpline. Callers may be calling about themselves, about a family member who is a dentist, or about a colleague. The same level of confidentiality is afforded in all cases.

Full details do not have to be given in order to receive help or support, although encouragement is given to do so. It may take time to build a trusting, therapeutic relationship. Once that relationship is established the caller or recipient is more likely to give further details. However, full details will be required if referral to a local or specialist service is agreed and required.

The helpline is live from 7.00am to 10.30pm daily, including weekends. Messages left on the helpline will be responded to within two hours, including weekends. Messages left overnight will be responded to by 9.30am the following day, including weekends.

### The Trust

The DHST is a registered charity funded by donations and all trustees are members of the dental profession, while the Programme is run by two National Co-ordinators. One is a dentist and the other is a mental

health practitioner who has a psychiatric nursing, psychology, counselling and addictions background.

For many years Joe Mee carried out sterling work as the co-ordinator; following his retirement the two new co-ordinators were appointed. The Trustees meet quarterly and currently manage the programme and deal with fundraising and governance. The programme is now audited by a consultant psychiatrist whose special area of expertise is addiction, to ensure that the work carried out is appropriate and effective.

The role of the co-ordinators is to respond to enquiry calls, to intervene, assess, case-manage, monitor, support, educate and raise awareness within the profession about the risks of addiction and mental health issues. Support is also available for families. The National Co-ordinators are assisted by special referees who are dentists who have experienced problems themselves. They are a valuable resource because of their ability to identify with dentists in the same predicament, and are positive examples to the newcomer, providing evidence that an individual can recover and either continue or return to practice in due course, depending on circumstance.

Over the years many dentists and their families have turned to the Programme for help; the work is sympathetic to the needs of practitioners, offering advice, support and guidance to assist in getting back to full health and, where appropriate, a return to full clinical practice. The success rate is in excess of 80% which is outstanding.

The Trustees rely totally on donations from dentists, Local Dental Committees and others to fund the co-ordinators and the programme. In these difficult economic times the funding is very tight despite fundraising events this year including a 100 mile row by the founder Tony Chivers, who is now over 90, a bike ride from John O' Groats to Land's End by the Chairman of the Trust with his daughter, and a marathon by one of the co-ordinators.

If funding cannot be sustained the work will have to be curtailed and the number of dentists helped will have to be restricted, something that no-one would wish to happen; the Trustees therefore would ask all dentists, Local Dental Committees and others to support the scheme with any donation that they can, however small.

## Case study

'A few years ago, I was in a hopeless state with severe paralysing depression and anxiety, and was unable to carry out even basic daily tasks, let alone work as a dentist. It seemed any return to "normality" was impossible. I was also oblivious to the role drug use had played in my "demise" and continued to use my drug of choice throughout my descent, believing it was helping me to cope; my family and "friends" were also regular drug users and seemed OK. I was convinced there was something else fundamentally wrong with me to end up in this state. As my condition worsened, I was really struggling to keep it together on the work front and eventually realised I couldn't. My head was always jumbled and I couldn't make decisions or be objective about anything. Pretty soon I was jobless, on income support and on a cocktail of anti-depressants, anti-psychotics and sleeping pills prescribed by my GP. My call to DHSP was to ultimately turn my life around. They helped me to get and stay clean, arranged for me to "see practice" in a "friendly" environment as a stepping-stone to returning to the work place and, as I began to work again, they found me a mentor to support me in the early days. Today I have my life back... no, a new and better life!'

## Useful contacts

The British Doctors and Dentists Group

(BDDG): [www.bddg.org](http://www.bddg.org)

Alcoholics Anonymous: 0845 769 7555

Al-Anon support for friends and family:  
020 7403 0888

Narcotics Anonymous: 0845 373 3366

*If you know of a colleague who is in need themselves or you would like to make a donation to the BDA Benevolent Fund please contact: Sally Atkinson, BDA Benevolent Fund, 64 Wimpole Street, London, W1G 8YS; tel: 020 7486 4774; email: [dentistshelp@btconnect.com](mailto:dentistshelp@btconnect.com). [www.bdabenevolentfund.org.uk](http://www.bdabenevolentfund.org.uk)*

*If you would like help or know of a colleague who is in need of help, please call 020 7224 4671 (printed on every mast-head page of the BDJ) or if you would like to make a donation to the Dentists' Health Support Trust please contact: Mike Stern, Hon Sec and Treasurer DHST, 48 Pollard Road, London, N20 0UD.*